

## Planning Application

Community Development Department

500 Castro Street
Post Office Box 7540
Mountain View, CA 94039-7540
PH: (650) 903-6306
FX: (650) 903-6474
www.mountainview.gov

Official Use Only	Applicati	on No.	Property Address
Application Type	Receipt Code	Application Fee	Date Stamp
Index Co	de: 211215		
Current Planning		Subobject: 42707	
☐ Development Review Permit	CDDRC	\$	
☐ Conditional Use Permit	CDCUP	\$	7
☐ Variance	CDVARI	\$	Zoning District
□ Planned Community Permit	CDPCP	\$	APN
☐ Planned Unit Development	CDPUD	\$	
Land Subdivision		Subobject: 42763	CMPLUTAZ
☐ Lot Line Adjustment	CDLADJ	\$	CEQA: ☐ Nonexempt ☐ Exempt Class
☐ Lot Merger	CDMERG	\$	
☐ Parcel Map – less than 5 lots	CDMAP	\$	Distribution: BD FD ES PD PW UTL Other:
☐ Tentative Map – 5 or more lots	CDMAP	\$	Distribution: BD FD E3 FD FW O1E Other:
Advance Planning		Subobject: 42707	Scheduled Hearing Dates:
☐ General Plan Amendment	CDAMEN	\$	
□ Rezoning	CDAMEN	\$	Development Review Committee
☐ Zoning Text Amendment	CDAMEN	\$	
Precise Plan	CDAMEN	\$	Zoning Administrator
Planning Services Reimbursement	JL#	\$	Environmental Planning Commission
Other	PLCAFE PLANTE PLTUP PLSIGN PLHTRE	\$	City Council
Receipt #	TOTAL	\$	
Briefly Describe Proposal			
, , , , , , , , , , , , , , , , , , ,		CANT TO COMPLETE	
lame of Legal Property Owner			
.ddress		E-Mail A	ddress
gent's Name (Applicant Filing for Owr	ner)		Phone Fax
ddress		E-Mail Ad	ddress
declare under penalty of perjury that in nat the statements herein and all inforn	securing this	permit, I am acting with the	knowledge of and on behalf of the owner of this property and of my knowledge and belief, true and correct.
ignature of Owner or Agent			Date

## AGREEMENT TO PAY FEES

I (we) hereby agree to pay all personnel and related direct and indirect costs for the review and processing of application(s) for the subject project, at such time as requested by the Community Development Director. Direct costs include, but are not limited to, review of project application(s) for completeness by all applicable City departments; telephone or written communication with applicant/property owner/architect, engineer, noticing, outside consultants, etc.; preparation of staff reports; and attendance by staff at public hearings.

Deposits paid at the time of application are estimates of the minimum amount of staff time and other costs required to process an application. In the event the deposit is not sufficient to reimburse the City for the processing of its application, the applicant shall provide additional deposits to the City for planning services to complete the processing of its application. The City shall not perform any further planning services with respect to the application until the applicant provides all necessary deposits. No interest shall accrue on amounts deposited. Any unexpended funds will be returned to the applicant(s).

Furthermore, I (we) hereby agree to hold the City harmless from all costs and expenses, including attorneys' fees, incurred by the City, including, but not limited to, all costs in the City's defense of its actions in any proceeding brought in any State or Federal Court challenging the City's actions with respect to my (our) project.

I (we) hereby certify that the information stated on forms, plans and other materials submitted herewith in support of the application is true and correct to the best of my knowledge. It is my (our) responsibility to inform the City, through the assigned project planner, of any changes to information represented in these submittals.

Date: Signature:*_ *Photocopies or facsimiles not acceptable.	**	Printed Name:		
Address:		Phone No.:		
Please attach calculation sheets, available nformation to this application. Please coregarding required application materials.	e at the Community Development I ntact the Planning Division at (650	Department, and any other project-related I) 903-6306 if you need additional informatio	n	
ist separately, the name, address and ph	one number of all legal property o	wner(s) of all parcel(s) involved:		
APN:				
Name:	S Month Salari	Telephone( )		
Address:	City:	Zip Code:		
APN:				
lame:		Telephone ( )		
Address:	City:	Zip Code:	-0/2-222	
APN:				
lame:	Continues as to	Telephone ( )		
Address:	City:	Zip Code:		